RIVERDALE HEALTH CARE & REHABILITATION CENTER

1000 NORTH WISCONSIN AVENUE

MUSCODA	53573	Phone: (608) 739-3186		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with H	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	58	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	58	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	/03:	53	Average Daily Census:	51

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		18.9
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities		   Under 65	3.8	1 - 4 Years   More Than 4 Years	24.5 28.3
Day Services	No	Mental Illness (Org./Psy)	0.0 20.8	•	11.3	•	28.3
Respite Care		Mental Illness (Olg./Fsy)   Mental Illness (Other)	11.3	•	28.3	•	71.7
Adult Day Care	No No	Mental lillness (Other)   Alcohol & Other Drug Abuse	0.0			   ************	
Adult Day Health Care	No	Para-, Ouadra-, Hemiplegic	0.0		3.8	•	
Congregate Meals	No	Cancer	1.9			· <u>±</u>	
Home Delivered Meals	No	Fractures	7.5	•	100.0		
Other Meals	No	Cardiovascular	7.5	65 & Over	96.2		
Transportation	No	Cerebrovascular	15.1			RNs	9.3
Referral Service	No	Diabetes	7.5	Gender	%	LPNs	13.2
Other Services	Yes	Respiratory	7.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.8	Male	26.4	Aides, & Orderlies	39.3
Mentally Ill	No			Female	73.6		
Provide Day Programming for			100.0			[	
Developmentally Disabled	No				100.0	I	

## Method of Reimbursement

		Medicare (Title 18)					Medicaid 'itle 19		Other				Private Pay			Family Care			Managed Care			
Level of Care	No.	ે ે	Per Diem (\$)	No.	ફ	Per Diem (\$)	No.	용	Per Diem (\$)	No.	ુ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	Total Resi- dents	- Of		
Int. Skilled Care	 14	100.0	266	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	26.4		
Skilled Care	0	0.0	0	32	97.0	108	0	0.0	0	5	100.0	152	0	0.0	0	1	100.0	151	38	71.7		
Intermediate				1	3.0	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9		
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	14	100.0		33	100.0		0	0.0		5	100.0		0	0.0		1	100.0		53	100.0		

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Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:	i	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	6.6	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		81.1	18.9	53
Other Nursing Homes	3.3	Dressing	24.5		66.0	9.4	53
Acute Care Hospitals	88.5	Transferring	34.0		49.1	17.0	53
Psych. HospMR/DD Facilities			28.3		54.7	17.0	53
Rehabilitation Hospitals	0.0	Eating	71.7		18.9	9.4	53
Other Locations	0.0	******	*****	*****	*****	******	****
otal Number of Admissions	61 j	Continence		용	Special Treatmen	ts	왕
ercent Discharges To:	i	Indwelling Or Extern	al Catheter	7.5	-	iratory Care	17.0
Private Home/No Home Health	34.5 i	3		45.3	Receiving Trac	-	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen		32.1	Receiving Suct	-	0.0
Other Nursing Homes	5.2 i				Receiving Osto	=	1.9
Acute Care Hospitals	22.4	Mobility			Receiving Tube	-	3.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	18.9
Rehabilitation Hospitals	0.0					-	
<u> </u>	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	37.9 i	With Pressure Sores		1.9	Have Advance D	irectives	67.9
otal Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	58 i				Receiving Psyc	hoactive Drugs	58.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

***********	******	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary			-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	용	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.6	84.6	1.00	88.0	0.96	88.1	0.96	87.4	0.97
Current Residents from In-County	58.5	75.5	0.77	72.9	0.80	69.7	0.84	76.7	0.76
Admissions from In-County, Still Residing	27.9	18.9	1.47	20.1	1.38	21.4	1.30	19.6	1.42
Admissions/Average Daily Census	119.6	152.9	0.78	129.5	0.92	109.6	1.09	141.3	0.85
Discharges/Average Daily Census	113.7	154.8	0.73	130.3	0.87	111.3	1.02	142.5	0.80
Discharges To Private Residence/Average Daily Census	39.2	63.8	0.61	52.2	0.75	42.9	0.91	61.6	0.64
Residents Receiving Skilled Care	98.1	94.6	1.04	93.7	1.05	92.4	1.06	88.1	1.11
Residents Aged 65 and Older	96.2	93.7	1.03	94.2	1.02	93.1	1.03	87.8	1.10
Title 19 (Medicaid) Funded Residents	62.3	66.0	0.94	66.3	0.94	68.8	0.90	65.9	0.94
Private Pay Funded Residents	9.4	19.0	0.50	21.6	0.44	20.5	0.46	21.0	0.45
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	32.1	31.3	1.03	36.2	0.89	38.2	0.84	33.6	0.95
General Medical Service Residents	20.8	23.7	0.87	21.5	0.97	21.9	0.95	20.6	1.01
Impaired ADL (Mean)	41.9	48.4	0.86	48.4	0.86	48.0	0.87	49.4	0.85
Psychological Problems	58.5	50.1	1.17	53.4	1.10	54.9	1.07	57.4	1.02
Nursing Care Required (Mean)	5.4	6.6	0.83	6.9	0.78	7.3	0.75	7.3	0.74